

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 486394 RECEIPT DATE: 02 / 28 / 00
IA NUMBER: PCT/ EP98 / 04773 IA FILING DATE: 07 / 30 / 98
FAMILY NAME: HOPFL DELAY WAIVED (Y/N): Y
GIVEN NAME: REINHARD DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 08 / 27 / 97
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 032929-001 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX
NAME: PETER K SKIFF
BURNS DOANE SWECKER & MATHIS
STREET: P O BOX 1404

CITY: ALEXANDRIA
STATE/COUNTRY: VA ZIP: 223131404
EMAIL:
APPLICATION TITLES:
DIAGNOSTIC KIT FOR SKIN TESTS, AND METHOD

TAB TO LAST POSITION, PUSH SEND